

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10-597033

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	①			1		
5	①			1		
6	①			1		
7	⑥			1		
8	①			1		
9	1		1			
10	1		1			
11	2		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	14	←	12	←		←
TOTAL CLAIMS	17	[redacted]	15	[redacted]		[redacted]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[redacted]	[redacted]	[redacted]		[redacted]